

10-Feb-17

10Feb17-2432

CHASE**Business Signature Card**
ACCOUNT TITLE ("DEPOSITOR")
OPTIPLUS HEALTHCARE, LLCACCOUNT NUMBER [REDACTED] 1170
TAXPAYERID NUMBER 46-1156543
ACCOUNT TYPE Chase BusinessSelect CheckingBUSINESS ADDRESS
6560 FANNIN ST STE 2020
HOUSTON, TX 77030-2736PRIMARY IDENTIFICATION
Website Documentation
SIGNER(S) TO BE ADDED LATER

ID NUMBER [REDACTED]

ISSUER TX

ISSUANCE 10/03/2012 EXP DATE 05/15/2013

DATE OPENED 10/11/2012
New Account
FORM OF BUSINESS Limited Liability Company (LLC)
ISSUED BY JPMorgan Chase Bank, N.A. (201)
Medical - 345
EDWARD MIXON
(713) 795-7338

ACKNOWLEDGEMENT – By signing this Signature Card, the Depositor agrees to open a deposit account at JPMorgan Chase Bank, N.A. (the Bank). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary action or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor and the individual(s) listed below. The Depositor acknowledges receipt of the Bank's Account Rules and Regulations or other applicable account agreement, which includes all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agrees to be bound by the terms and conditions contained therein as amended from time to time.

CERTIFICATION – The undersigned certifies under penalties of perjury that (1) the Depositor's Taxpayer Identification Number shown above is correct, and (2) the Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and (3) the Depositor is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions).

If the IRS has notified the Depositor that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

The Depositor is a foreign entity, and therefore the penalties of perjury certification on this form do not apply. In addition, the Depositor has certified its foreign status to the Bank by completing the appropriate Form W-8.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

DEJAN MILOSEVIC

Member

10/11/12

VLADIMIR REDKO

Member

10/11/12

BRIAN SWIENCINSKI

Member

10/11/12



Rev (12/08)



GOVERNMENT
EXHIBIT
906
4:18-CR-368

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CHASE 

BUSINESS ACCOUNT ADD SIGNERS FORM

			

NAME OF BUSINESS OPTIPLUS HEALTHCARE, LLC

TAXPAYER ID NO. 46-1156543

BUSINESS ADDRESS 6560 FANNIN ST STE 2020, HOUSTON, TX 77030-2736

BRANCH NAME AND NO. CREDIT-TX-SOUTH - 287

BANK NO. 201

BRANCH PHONE NO. (713) 868-6771

INTEROFFICE MAILCODE TX2-6116

PREPARED BY, NAME EDWARD MIXON

DATE: 10/08/2014

Please add the following signer to the accounts listed below (other authorized signers on record do not change)

Name of the Signer to Add

SCOTT A BREIMEISTER

Title

MANAGER

Signature

Date

10/8/14

Identification

1) Driver's License

2) None

ID Number

Issuer

Issuance Date

Expiration Date

04/04/2016

Account Numbers:

1170

Please add the following signer to the accounts listed below (other authorized signers on record do not change)

Name of the Signer to Add

LEONARD L CARR JR

Title

SIGNER

Signature

Date

10/8/14

Identification

1) Driver's License

2) None

ID Number

Issuer

Issuance Date

Expiration Date

07/09/2016

Account Numbers:

1170

Please add the following signer to the accounts listed below (other authorized signers on record do not change)

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

1170

CERTIFICATION
The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above, have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.For a Corporation or Unincorporated
Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



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JPMorgan Chase Bank, N.A. Member FDIC